



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH NORTH HOSPITAL

City of Hospital: Carmel

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$386008530
Outpatient Patient Service Revenue	\$429501313
Total Gross Patient Service Revenue	\$815509843

2. Deductions From Revenue

Contractual Allowance	\$545558299
Other Deductions	\$-4830469
Total Deductions	\$540727830

3. Total Operating Revenue

Net Patient Service Revenue	\$274782013
Other Operating Revenue	\$8654613
Total Operating Revenue	\$283436626

4. Operating Expenses

Salaries and Wages	\$60108159	Employee Benefits	\$14964731
Depreciation and Amortization	\$10615380	Interest Expense	\$12816024
Bad Debt	\$9855480	Other Expenses	\$113251649
Total Operating Expenses	\$221611423		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$61825203	Total Assets	\$608339278
Net Non-operating Gains over Loss	\$10038200	Total Liabilities	\$608339278

Total Net Gains	\$71863403
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$288941025	\$244795165	\$44145860
Medicaid	\$86762594	\$67413181	\$19349413
Other Government	\$6375271	\$5374517	\$1000754
Other State	\$0	\$0	\$0
Other Payers	\$433430953	\$233000448	\$200430505
Total	\$815509843	\$550583311	\$264926532

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$98335	\$-98335

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$537965	\$-537965
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2681

Statement Six: Charity Statement

Hospital Charity Charges	\$7639630
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1884697	
HCI Payments	\$0		
Subtotal	\$0	\$1884697	\$-1884697
Medicaid Shortfalls	\$19330103	\$33534638	
Subtotal	\$19330103	\$35419335	\$-16089232
DSH Payments	\$0		
Subtotal	\$19330103	\$35419335	\$-16089232
Medicare Shortfalls	\$31754867	\$41638200	
Other Government Programs	\$0	\$0	
Total	\$51084970	\$77057535	\$-25972565

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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